UCLH welcomes health minister David Lammy

HAPPY BIRTHDAY PALS:
the patient and liaison service one year on

Plus: On Target pull-out section inside
Here’s what’s been happening at UCLH in the last month…. Introducing our new finance director

Mike Foster, new finance director

As many of you will now know, Mike Foster will be joining UCLH as our new finance director on 1 April 2003. Mike brings a wealth of experience with him - he started out in a number of senior financial management roles in acute, mental health, learning disability and community services in the south west. He’s no stranger to major change - as unit director of finance at Plymouth General Hospitals during their significant capital building development, and the transfer and centralisation of services across sites, he’s well prepared for the challenges our new hospital will bring.

Moving to London in 1994, Mike was director of finance and information for Enfield and Haringey Family Health Services Authority. Health authorities in north London have undergone several transitions and mergers in recent years to eventually become what we now know as the North Central London Strategic Health Authority (SHAH), but Mike retained his top-level position throughout, and is currently director of finance and investment. He’s also influenced NHS financial strategy and policy through membership of key national working groups.

Of joining UCLH, Mike says, “Working in an organisation with such a high profile will be both an opportunity and a challenge. I’m very much looking forward to joining the trust, and playing my part, together with the rest of the management team, to deliver our corporate objectives”. He sees the role of finance director as a pivotal one. “This role will give me the opportunity to get closer to the point of delivery of patient care. I’m looking forward to learning more about how services are delivered at UCLH, and how I as finance director, can contribute towards moving to London in 1994, Mike was director of finance and information for Enfield and Haringey Family Health Services Authority. Health authorities in north London have undergone several transitions and mergers in recent years to eventually become what we now know as the North Central London Strategic Health Authority (SHAH), but Mike retained his top-level position throughout, and is currently director of finance and investment. He’s also influenced NHS financial strategy and policy through membership of key national working groups.

Of joining UCLH, Mike says, “Working in an organisation with such a high profile will be both an opportunity and a challenge. I’m very much looking forward to joining the trust, and playing my part, together with the rest of the management team, to deliver our corporate objectives”. He sees the role of finance director as a pivotal one. “This role will give me the opportunity to get closer to the point of delivery of patient care. I’m looking forward to learning more about how services are delivered at UCLH, and how I as finance director, can contribute towards moving to London in 1994, Mike was director of finance and information for Enfield and Haringey Family Health Services Authority. Health authorities in north London have undergone several transitions and mergers in recent years to eventually become what we now know as the North Central London Strategic Health Authority (SHAH), but Mike retained his top-level position throughout, and is currently director of finance and investment. He’s also influenced NHS financial strategy and policy through membership of key national working groups.

Of joining UCLH, Mike says, “Working in an organisation with such a high profile will be both an opportunity and a challenge. I’m very much looking forward to joining the trust, and playing my part, together with the rest of the management team, to deliver our corporate objectives”. He sees the role of finance director as a pivotal one. “This role will give me the opportunity to get closer to the point of delivery of patient care. I’m looking forward to learning more about how services are delivered at UCLH, and how I as finance director, can contribute towards moving to London in 1994, Mike was director of finance and information for Enfield and Haringey Family Health Services Authority. Health authorities in north London have undergone several transitions and mergers in recent years to eventually become what we now know as the North Central London Strategic Health Authority (SHAH), but Mike retained his top-level position throughout, and is currently director of finance and investment. He’s also influenced NHS financial strategy and policy through membership of key national working groups.

Of joining UCLH, Mike says, “Working in an organisation with such a high profile will be both an opportunity and a challenge. I’m very much looking forward to joining the trust, and playing my part, together with the rest of the management team, to deliver our corporate objectives”. He sees the role of finance director as a pivotal one. “This role will give me the opportunity to get closer to the point of delivery of patient care. I’m looking forward to learning more about how services are delivered at UCLH, and how I as finance director, can contribute towards moving to London in 1994, Mike was director of finance and information for Enfield and Haringey Family Health Services Authority. Health authorities in north London have undergone several transitions and mergers in recent years to eventually become what we now know as the North Central London Strategic Health Authority (SHAH), but Mike retained his top-level position throughout, and is currently director of finance and investment. He’s also influenced NHS financial strategy and policy through membership of key national working groups.

Of joining UCLH, Mike says, “Working in an organisation with such a high profile will be both an opportunity and a challenge. I’m very much looking forward to joining the trust, and playing my part, together with the rest of the management team, to deliver our corporate objectives”. He sees the role of finance director as a pivotal one. “This role will give me the opportunity to get closer to the point of delivery of patient care. I’m looking forward to learning more about how services are delivered at UCLH, and how I as finance director, can contribute towards moving to London in 1994, Mike was director of finance and information for Enfield and Haringey Family Health Services Authority. Health authorities in north London have undergone several transitions and mergers in recent years to eventually become what we now know as the North Central London Strategic Health Authority (SHAH), but Mike retained his top-level position throughout, and is currently director of finance and investment. He’s also influenced NHS financial strategy and policy through membership of key national working groups.
PALS: one year on

It’s just over a year since our patient advice and liaison service (PALS) was launched and what a year it’s been! Inside Story takes a look at what PALS has been up to, and the difference it has made to our patients.

Since its official launch in December 2001, our PALS has gone from strength to strength. From one of a handful of pilot sites for a new service designed to help the NHS become more accessible and patient-focused, our PALS has developed to become an example of innovation and good practice for others to follow.

PALS: what the Plan says

“When patients are concerned that the NHS is not delivering for them they should get their concerns addressed.

Patients need an identifiable person they can turn to if they have a problem or need information while they are using hospital and other NHS services…”

Chapter 10, Changes for Patients, The NHS Plan, July 2000

PALS facts:

• Our PALS was one of the few ‘pathfinder’ services – ie services set up as pilots to inform the national roll-out of PALS
• In September 2001, PALS started operating from the Middlesex site: the service went trust-wide after the official launch in December 2001
• PALS have helped 700 patients to date
• Usage of PALS is increasing by 10% each month

The success of PALS is a testament to the efforts of the three-strong team, headed by PALS manager Sue Benn. As a new service, and a new concept, telling people what PALS is all about is a huge part of the team’s work as Sue explains, “We’ve ensured that the PALS is hard to avoid! We invest a lot of time in talking to patients, staff and local stakeholders about our service. This way we ensure that patients can access us quickly and easily rather than going ‘round the houses’ before they reach us”. This work will continue into 2003 with visits to wards by the PALS team and the development of a patient newsletter.

Being the ‘someone to turn to’ remains one of the key functions of the team, as Sue explains, “Patients come to us about anything and everything, but increasingly, the queries are becoming more complex, for example, patients are asking us to help them navigate their way through the ‘system’. Different departments sometimes give out different messages, so we are a source of advice on what to do next”. As well as resolving problems on-the-spot, PALS make recommendations to improve things for patients in the future – see PALS power (above) for some examples.

A year on, PALS has become more than a trouble-shooting service, evolving into something more, as Sue says, “Increasingly, PALS has become a representative voice of the patient, advising on service issues and how they will affect patients. For example, we will have some input into the information for patients about the London Congestion Charge”.

So, what is PALS currently up to? “As a new service, we constantly need to look at what we do, and how we can do it better”, explains Sue. “It’s great that we can help resolve problems on-the-spot but it can be difficult to know if we are making a demonstrable impact on improving the patient experience because what’s acceptable to some people, isn’t to others. To get a ‘benchmark’ of the patient experience at the trust, we’re recruiting ‘link’ patients – patients who attend the hospital frequently. By asking them for their comments at each visit, we can get a sense of how things are from a single, constant perspective”.

With growing usage of the service, and increasing expectations from our patients, the team has found an innovative way of getting the PALS message out to the rest of the trust. The new link scheme sees staff from across the trust joining the PALS team for two weeks to get an understanding of how the service works. But it doesn’t stop there, as Sue explains, “We have a structured programme so it’s a great personal development opportunity. It also means that seconders take the PALS principles back into the workplace with them, which helps us as an organisation, to develop a more patient-focused culture”.

UCLH patients won’t be the only beneficiaries of our PALS: the team represent the North Central London sector on a national group to issue good practice guidance for PALS across the NHS as a whole. With the ‘patient focus’ ever present on the NHS modernisation agenda, PALS, has a lasting, fundamental role to play in improving the patient experience. So many happy returns PALS!

All staff are welcome to join the staff link scheme – speak to your line manager if you are interested in spending time with PALS.

For more information about PALS, contact Sue Benn, PALS manager on 0207 387 9300 (x 3417) or phone the direct PALS number 0207 380 9975.

PALS power: what difference has the service made?

• There are no baby changing facilities on the ground floor of the Middlesex Hospital, but there soon will be! Baby changing facilities are to be incorporated into an upgrade of the toilets following comments from patients.
• Signs in A&E were confusing our overseas patients. The “treatment is free” sign has been changed to explain that treatment is free in A&E only, after patients found themselves with unexpected bills to pay when they were transferred to other services within the hospital.
• A&E patients watch the ‘time to wait’ clock without realising that emergencies are being admitted via ambulance behind the scenes, which can increase waiting time if their condition is less urgent. A volunteer was provided for A&E to check waiting times and explain what’s going on.
• Following a change of provider, portable ward phones could no longer accept incoming calls. This was changed in the older people, paediatric, and teenage cancer trust unit areas following comments from patients who felt that their stay in hospital was made that much better by having a link with the ‘outside world’.
• With the help of new technology developed by the Royal National Institute for the Deaf (RNID), PALS can help hard of hearing patients communicate with clinicians via a live videolink using a sign language interpreter who acts as an intermediary, explaining conditions and answering any questions.

The PALS team
Performance targets and modernisation are NHS buzz words but what’s in it for us, and what’s in it for our patients? In the modern NHS, it can be easy to assume that it’s all spin for political win, but there are real benefits related to modernisation and meeting targets.

Booking admissions and appointments has clear benefits for the majority of patients – it gives them the opportunity to choose dates and times that are convenient, and they also feel empowered, because they are being offered a choice. Analysis of Access, Booking and Choice (ABC) in women’s health has shown that cancellation and non-attendance (DNA) rates fall, which along with the fact that booking helps us to plan our work more effectively, seems to be a sufficient incentive to begin ABC elsewhere.

The NHS Plan states that "...by 2005 all patients and their GPs will be able to book appointments at both a time and a place that is convenient to the patient." That’s all very well, but what exactly constitutes a booking? Rob Jeffries, GP direct booking project manager, says, "The key is offering choice. This choice must be offered within 24 hours of the decision to refer or admit the patient. This means that, if you see your GP, and they decide to refer you, you must have an appointment – that you have chosen - within 24 hours". This is a tall order, given the present arrangement whereby a GP, having seen a patient, will dictate or compile a letter, which is then sent to the trust. This letter is then reviewed by a clinician. We offer the patient an appointment, or, in some areas, acknowledge receipt of the referral. All of this, of course, takes far more than the prescribed "24 hours".

So, how can this be achieved?

One method is to use protocols and electronic booking. The NHS Plan describes how ABC "...involves GPs and hospital consultants sitting down and agreeing the basis on which referrals should be made." So what is a protocol? A series of questions with an outcome which replaces the referral letter and the clinical review process, allowing GPs to book directly onto our PAS system. Writing protocols can be difficult, given the complexity of human illness and the difficulty in translating complex diagnoses into a step-by-step protocol. But this is where The National Institute for Clinical Excellence (NICE) comes in. In some areas, its authoritative, robust and reliable guidance on current "best practice" can be used as a framework for referral thresholds, which can then be locally refined and agreed by the relevant clinicians (ie the consultant(s) and GPs).

Once guidelines have been identified, the next step is translating them into a step-by-step protocol, not always a simple task, as Rob says, "An apparently simple referral can become very complex. Equally, complex referral criteria can often translate into simple paper referrals. As an analogy, a protocol to get to London would be complex, because there are many ways to get to London, depending on where in London you were planning to end up. Conversely, a protocol to get to the Middlesex would be far simpler".

At UCLH, we have agreed electronic referral protocols in areas of gynaecology, endocrinology, dermatology, as well as North Thames Cancer Network referrals. Work is currently being done to allow GPs to book directly onto our PAS from their surgeries. "This is a system whereby GPs are supplying information in a protocol in the same way as they currently do in a referral; clinical input remains an integral part of the process," says Jonathan Sanderson, out-patient manager. The first electronic referrals are beginning to arrive at the trust, GP direct booking is the icing on the cake for booked admissions, but it is impossible to introduce ABC without it. As Joseph Iskaros, consultant gynaecologist says, "It’s as easy as buying your Eurostar ticket on the internet".
Preparing urology clinics for GP direct booking

Giving patients a choice about their appointments is part of the drive to make the NHS more patient-centred. But choice is subjective – if patients are to be booked into clinics, directly from their GP surgeries, it goes without saying that there need to be available slots for them to book into. Similarly, if patients ring for an appointment to be told that there is no availability, they will feel that they are not being offered a genuine choice. To ensure that patients are seen at their chosen times, on time, work needs to be done to understand how current systems work. The urology clinics have been the focus for some re-design work in this area.

“Understanding the current situation is the first step for any re-design project”, says Mark Busby, service improvement manager. To get the ‘big picture’ clinics staff were interviewed to identify any problems affecting them and their ability to run the clinic efficiently. Patients were also informally asked about any problems they encountered either at the clinic or when they made their appointment. Specific data – e.g. time of arrival, how long was spent with the doctor, and what happened afterwards - was also recorded to get a snapshot of the patient experience.

The findings of this data gathering exercise raised some specific problems, including: a variation in the time patients waited to get an appointment, patients’ notes being in the wrong place and patients spending a long time in the hospital because they needed to attend several hospital departments. Delays sometimes occurred within the clinic due to a large number of patients needing to see a doctor. This information is then used to ensure that the number and type of appointments match the patients needing to see a doctor.

This work is used to improve the patient experience by redesigning the clinic. For example increasing the appointment times to allow the patient longer to see the doctor. The introduction of Access, Booking and Choice also leads to a reduction in the number of patients who fail to attend their appointments (DNA). Following any changes, the clinic needs to be monitored to ensure that any improvements have been successful.

Your guide to pre-admission...

As you’ll have read in Inside Story, the diagnosis and treatment centre (DTC) is now open, providing a new way of driving down waiting lists for routine operations. Central to the DTC concept is the development of a nurse-led pre-admission clinic – On Target explains how.

“Pre-admission is about patient-centred care” explains Deborah Jamieson, advanced practitioner, pre-admission assessment. Instead of going to lots of different departments for different pre-operative procedures – including clinical and non-clinical staff, administrative staff and support staff - are asked to attend to work out what happens to the patient.

“We also found that managing clinics efficiently is a case of looking at the number of patients who require appointments (demand) and the resources available (capacity) i.e. staff, facilities and equipment. This must include all patients referred to the clinic, the time and staff available to see them. This information is then used to ensure that the number and type of appointments match the patients needing to see a doctor.

Patient feedback is an important part of continuing and developing this service, and it’s something that the pre-assessment team are totally committed to. “An audit form is used at pre-admission, and a telephone survey is used for each patient two weeks after discharge from hospital. To date there has been 100% patient satisfaction – comments like ‘brilliant service’, ‘I felt reassured’, ‘excellent service all round’, and ‘most helpful’ have been common. Having such positive feedback is great as it informs our future direction, but also helps to improve staff morale”.

The pre-admission service is still developing – recently orthopaedic surgeons have started to attend the pre-admission clinic, which means that patients have the opportunity to see their surgeon and ask questions which enhance the informed consent process. Also, the pre-admission team visits patients on the wards, to give a more personalised service and to ensure that patients are happy with the service they are receiving overall.

What happens in the pre-admission clinic?

• Pre-admission nurses perform comprehensive history and physical examinations, including airway assessments, ECG, and venipuncture
• Patients are given a holistic assessment, including a lifestyle assessment which can include smoking cessation, through a link nurse, (three patients have given up) and nutritional advice
• A single assessment tool developed by social services ‘Easycare’ is used for all patients over 65 and some orthopaedic patients. Use of this tool helps to prevent delayed discharges
• Patients are given a choice of admission date, and then at a time and date to suit them (ABC appointments)
• Patients are phoned one week prior to their theatre date, and reminded of the date, nil-by-mouth, and other information needed.

Deborah Jamieson, advanced practitioner, pre-admission assessment

It’s a case of so far, so good, as Deborah confirms. “Results so far indicate that designing care around the patient and the patients needs not only improves service delivery, but greatly enhances our relationship with our patients, and starts their ‘patient journey’ in a very positive way, that seems to carry through the whole hospital experience”.

This chart is an example of the range of time that patients spend with the doctor at a clinic and the total amount of time their outpatient appointment takes.
Modernisation team news

On the move…

Congratulations to three of the modernisation team members who are leaving the team for new posts within the trust.

Nicola Chandler, head of modernisation, has been appointed to the post of general manager in the diagnosis and treatment centre (DTC). Nicola has already taken up post on a maximum part-time basis and has moved to her new office in the Woolavington Wing. She commences her new role full-time from 1 March. The team extend their best wishes to Nicola for every success in the future.

Tessa Walton, formerly service improvement manager in the modernisation team, has been appointed as the outpatient services manager, women’s health and paediatrics. Tessa has effectively been in post on secondment but officially took up the position on 1 February. The team wish Tessa all the very best and much success in her new role.

Rob Jeffries is also leaving modernisation to work more closely on further development of the performance management framework and activity planning for the future. Rob will commence his new post from 1 March 2003.

Welcome to…

Mark Busby joined the modernisation team as service improvement manager in August 2002. Prior to joining UCLH, Mark was phlebotomy manager at the Royal Free where he was responsible for introducing many service improvements, such as expanding the role of phlebotomists to include cannulation, reducing outpatient waiting times and expanding the inpatient service. He has also worked in pathology as a biomedical scientist at the Central Middlesex and John Radcliffe hospitals. With such broad experience, Mark hopes that he can bring an understanding of the role of support staff to modernisation projects. In his role as service improvement manager, Mark will work on the patient transport, pathology support to A&E urology and orthopaedics outpatients projects. Mark is contactable on 3104 or via email mark.busby@uclh.org

On Target focuses on modernisation news at UCLH and is produced as a quarterly supplement to Inside Story, UCLH’s staff newsletter.

On Target is produced by the modernisation team and the press & PR unit.

Send your news, views and contributions to either: Kerry Weste, service improvement manager on x 5777 or the press and PR unit x 5840
Focus on the DTC...

As you'll have read in last month’s Inside Story, the new diagnosis and treatment centre (DTC) opened its doors last November. As well as a new concept in reducing waiting times, DTCs are a testing ground for the new ways of working that we're taking into the new hospital. Inside Story takes a look at this exciting new development and how it is "doing different".

With 63 beds, 3,500 cases planned for next year, several new staff and no "how to" procedures to follow, it's going to be a challenging first year for the DTC. It's been all systems go since last year, when it was decided that UCLH would be the site of one of the first of nine DTCs. As the photograph right shows, transforming the site of the Woolwich Wing to the bright, gleaming facility you see today is a huge undertaking.

First cited in The NHS Plan, DTCs are "hospitals within hospitals" – a so-called "new generation of fast-track surgery centres which separate routine from emergency surgery". Our DTC will be doing eight surgical procedures in areas where waiting times are long, using specially developed integrated care pathways. Predictability is key, as Tom Ellis, performance manager explains, "We will only be doing routine procedures, it's going to be a very exciting new development and how it is "doing different"."

A and least likely?

What are you most likely to say?

And least likely?

What do you consider are your main challenges so far?

In the short term, communicating the results of the CH report, agreeing a development plan to improve the intranet and preparing for the chief executive's roadshows. We've also got the analysis of the team brief survey to do, which should be interesting as we've had a great response, and I'm keen to develop a communications plan for the next financial year, taking into account issues such as the trust's top 10 priorities, redesign initiatives, foundation status, the new hospital, patient choice, Improving Working Lives and EPR. Last but not least, building relationships with colleagues inside and outside the trust will be an ongoing priority.

What are you likely to say?

How can communications help you and your team communicate this or that.

And least likely?

Staff don't need to know about that!

What work-related thing can't you live without?

News – the BBC website, Radio 4/5 live, the papers

Who would you like to see a 30 second interview with?

Send us your suggestions.

Want Professional colleagues for local research ethics committee

Professional colleagues are sought for the local UCLH/UCL research ethics committee. New members should have a substantial UCL or UCLH (or other NH-S) trust clinical appointment (equivalent or above consultant grades). Especially needed is a new member with obstetric experience, as well as others with medical or surgical expertise. These honorary appointments involve one meeting a month to review proposals for research with human participants. Training is available.

This is an exciting and challenging time for research ethics committees as they are being drawn into a centralised structure which will provide enhanced training, advice and resources. The introduction of the new European Clinical Trials Directive means, that for the first time, research ethics committees will have a statutory role. For an informal conversation about these honorary posts, contact:

Prof A Maclean, the retiring chairing committee "Alpha"
(andre.mclean@internet.com)
Dr R MacAllister, chair, committee "A"
(r.macallister@ucl.ac.uk)
Dr N Hirsch, chair, NHNN committee
(nick.hirsch@ucl.ac.uk)
OR
Doreen Sharpe, ethics committee administrator
020 7380 9940 (doreen.sharpe@uclh.org).

Applications (in the form of a CV) should be sent by 15 March 2003 to:

Doreen Sharpe, Ethics administrator, Research and development directorate Vezey Strong Wing, UCLH NHS Trust 112 Hampstead Road, LONDON NW1 2LT

New NED for UCLH

Professor Richard Frankowski has been appointed as a non-executive director at UCLH. He is currently vice-president of University College London having moved to this post after four years as dean of the Institute of Neurology at UCL, where he is a professor of neurology and a Wellcome Trust Principal Clinical Research Fellow. His scientific interest is in structural and functional brain mapping in health and disease.

Professor Frankowski has been appointed for four years from 1 January 2003 to 31 December 2006. He has no political affiliation and has no other ministerial appointments. Welcoming him to the trust, Peter Dixon, trust chairman said: "I am delighted to welcome Professor Frankowski as the University non-executive representative on the trust board. The combination of the academic excellence of University College London with the medical services of UCLH is something that we greatly value and Professor Frankowski’s appointment will serve to develop further what is already a strong and fruitful partnership".

What did you do before joining UCLH?

I spent the last nine months on secondment to the Department of Health working in the media centre, as a communications advisor to the Patient Experience Programme. My "real job" was back in Cambridge, as head of communications at Addenbrooke’s NHS Trust, a role I have enjoyed for the past five years.

What is your role at UCLH?

To build an integrated communications team with the capacity, expertise and resources to provide the trust with internal, external and media support. In practice, this means an integrated approach, ie stories enter the department once, a 12 month plan of action to prioritise workload and a focus on being proactive and reactive. I’m also keen to clarify our internal channels of communication, and through joint working, improve our relationships with local NHS trusts, social services and local authorities.

What aspects of your job are looking forward to most?

Working in a busy London teaching hospital with lots going on and numerous opportunities to work along side staff throughout the hospitals and communicate the best we can with our key audiences – inside and outside the trust.

What do you consider are your main challenges ahead?

In the short term, communicating the results of the CH report, agreeing a development plan to improve the intranet and preparing for the chief executive’s roadshows. We’ve also got the analysis of the team brief survey to do, which should be interesting as we’ve had a great response, and I’m keen to develop a communications plan for the next financial year, taking into account issues such as the trust’s top 10 priorities, redesign initiatives, foundation status, the new hospital, patient choice, Improving Working Lives and EPR. Last but not least, building relationships with colleagues inside and outside the trust will be an ongoing priority.

Construction facts and figures:

- This transformation took 30 weeks, at a cost of £1.3million
- 300 tonnes of soil was excavated for the installation of the lift shaft
- 134 doors were hung
- 1,467 square metres of floor were laid
- 508 square metres of suspended ceiling were hung
- Pre-admission – (read all about it in On Target)
- Booked admissions, by giving patients choice of pre-admission and surgery dates
- Reducing waiting times through separating elective, predictable cases from complex cases
- A greater ward based pharmacy
- Improved communication with patients
- Increased patient satisfaction

As well as improving the current patient experience, the DTC is a test-bed for several new initiatives, including:

- Improved care pathways for eight surgical procedures including orthopaedic, general surgery and urology
- Patient choice, by watching patients make their own choices
- Quality and safety improvement
- External visits and feedback
- Patient feedback
- Increased capacity, expertise and resources to provide the trust with internal, external and media support
- In practice, this means an integrated approach, ie stories enter the department once, a 12 month plan of action to prioritise workload and a focus on being proactive and reactive. I’m also keen to clarify our internal channels of communication, and through joint working, improve our relationships with local NHS trusts, social services and local authorities.

30 second interview

Meet Jane Meggitt, our new director of communications, who joined the trust last month.

Above: the lift entrance, and below: the reception area
In a League of their own

After many years as Chair of the Middlesex Hospital League of Friends, Lady Aird has passed on the baton to consultant clinical oncologist Margaret Spittle. Raising money through regular sales, the Christmas Fair and donations from staff, patients and friends and relatives, the League of Friends provide minor equipment and extra facilities to make hospital stays that little bit more comfortable.

Projects funded by the League include the hospital garden, the radiotherapy canteen and the hospital trolley service, which is especially appreciated by patients.

So what’s in store for 2003? “The move to the new hospital means that we may join forces with other hospital leagues, so there are interesting times ahead”, Margaret explains. “As well as the usual calendar of events, we will be recruiting a part-time assistant following the sad unexpected death of our secretary, Liza Ward just before Christmas, and as ever, will be looking for new members and helpers”.

If you would like more information about the League, contact Margaret’s PA, Liz Pratt via email (liz.pratt@uclh.org) or on x 9090.

Don’t forget: the League of Friends holds a sale in the Middlesex Boardroom on the first Wednesday of every month.

Next month...

• How we did in the CHI Review
• The low-down on the new logo guidance
• Read all about the Public Accounts Committee’s findings on the acquisition of The Heart Hospital.

Inside Story is produced by the press & PR unit at UCLH Hospitals. If you have any news, views or stories, send them (with photos if you have them) to:
Sam Coombs at Trust HQ, John Astor House, in Foley Street or contact her on: x5840 or by email sam.coombs@uclh.org.

Competition

A free lunch up for grabs!

There IS such a thing as a free lunch – well, almost… Two £10 Pret A Manger vouchers are up for grabs for the first two correct answers to the following questions pulled out of a hat by Tuesday 4 March. All the answers can be found in this edition of Inside Story. Good luck!

Q1. What do the initials DTC stand for?
Q2. Who is our new finance director?
Q3. When is the staff dental service to be relaunched?
Q4. Who is the new director of communications?

Send your answers to the Press & PR unit, Trust HQ, John Astor House by Tuesday 4 March 2003.